

NOV 16 1937

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

37458

97

## 1. PLACE OF DEATH

County ClayTownship LibertyCity (No)Registration District No. 20107Primary Registration District No. 52807

File No.

Registered No.

St.

Ward)

## 2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

## 3. SEX

F.

## 4. COLOR OR RACE

W.5. SINGLE, MARRIED, WIDOWED, OR  
DIVORCED (write the word)widow5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF  
(OR) WIFE OFunknown

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

3-22-1845

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, ..... hrs.  
or ..... min.92819at home

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.9. Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Mo.

FATHER

## 13. NAME

Wm. Scott14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)unknown

MOTHER

## 15. MAIDEN NAME

Elizabeth Jones16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)unknown17. INFORMANT  
(ADDRESS)F. O. F. Records

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE

Dixon Mo

DATE

11/1119. UNDERTAKER  
(ADDRESS)Wesley CarterLiberty Mo

20. FILED

11/12

19

7E. T. Bram

Registrar

## 21. DATE OF DEATH (MONTH, DAY, AND YEAR)

11-11-193722. I HEREBY CERTIFY That I attended deceased from  
Clay Co 38 Nov 11 1937I last saw him alive on Nov 9, 1937 Death is saidto have occurred on the date stated above, at 10:30 A. M.

The principal cause of death and related causes of importance were as follows:

Senile

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Dr. Matthews, M. D.(Address) Liberty Mo

